

Office of Congressman Tom Graves

Representing Georgia's 14th District

Authorization to Review Personal Information Protected by the Privacy Act

Name: _____ SS No: _____

Address: _____

City: _____, Georgia. Zip Code: _____

Phone: (Home) () _____ Cell #: _____

Nature of Problem: Please give a brief statement regarding the nature of the problem you are experiencing and the assistance needed from this office. Use the reverse side of this paper or submit additional paper, if necessary. (Form must be completed in English)

Statement: _____

Have you contacted your Senator's office about this issue? _____

I authorize the office and staff of Congressman Tom Graves to contact the _____, or any other applicable government agency, whether it be state, federal or local on my behalf, and to inspect, copy, examine or inquire regarding my records on file, with such agency or entity whether protected by the Privacy Act.

Signature: _____ Date: _____

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702 S. Thornton Avenue
Dalton, Georgia 30720
Phone: (706)-226-5320
Fax: (706)-278-0840

Rome
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